

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>8</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u> NICKNAME	FIRST <u>Corbin</u> LAST	MI <u>Van Arsdale</u> SUFFIX
	OFFICE USE ONLY Date Received <u>OCT 5 2020</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>PO Box 40</u> APT / SUITE #: <u>Cedar Park, TX</u> CITY: <u>78630</u> STATE: ZIP CODE		
	Date Hand-delivered or Date Postmarked <u>Hand-delivered</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(512)</u>	PHONE NUMBER <u>964-1633</u>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr.</u> NICKNAME	FIRST <u>Carl</u> LAST	MI <u>Abseck</u> SUFFIX
	Receipt #		
	Date Processed <u>10.6.20</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>512 Clover Flat</u> CITY: <u>Cedar Park, TX</u> STATE: <u>78613</u> ZIP CODE		
	Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(512)</u>	PHONE NUMBER <u>639-0529</u>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>7 / 1 / 2020</u> THROUGH Month Day Year <u>9 / 24 / 2020</u>		
11 ELECTION	* ELECTION DATE moved to Nov 2020 Month Day Year <u>5 / 2 / 2020</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <u>Mayor</u>		13 OFFICE SOUGHT (if known) <u>Mayor</u>

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Corbin VAN ARSDALE

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

☐ Additional Pages


\$ 395.—

\$

\$ 5,588.98

\$ 56,120.70

\$ 20,833.90



LEANN M. QUINN
My Notary ID # 11692430
Expires July 30, 2023

Corbi Van Arsdale

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Corbin Van Hrs dala, this the 5th
day of October, 20 20, to certify which, witness my hand and seal of office.

Selma M. L.

Signature of officer administering oath

Le Ann M. Quinn

Printed name of officer administering oath

City Sec.

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Corbin VAN ARSDALE		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 395.-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,588.98
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Corbin VAN ARSDALE

3 Filer ID (Ethics Commission Filers)

4 Date

8-11-2020

5 Full name of contributor

☐ out-of-state PAC (ID#:

Clifford Anderson

7 Amount of contribution (\$)

25

6 Contributor address;

City;

State;

Zip Code

1504 Azalea Dr. Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-25-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Wade Matistic

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

3702 Rolling Hills Rd. Leander, TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-31-2020

Full name of contributor

☐ out-of-state PAC (ID#:

William Gallier

Amount of contribution (\$)

20

Contributor address;

City;

State;

Zip Code

1702 Ruthie Run Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-21-2020

Full name of contributor

☐ out-of-state PAC (ID#:

Susan Minne

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

2121 Townsman Trail Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Corbin VAN ARSDALE		3 Filer ID (Ethics Commission Filers)
4 Date 7-31-2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Strader	7 Amount of contribution (\$) 150
6 Contributor address; City; State; Zip Code 2702 Rambler Valley Dr. Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
4 Date 7-31-2020	5 Payee name Facebook	
6 Amount (\$) 282.82	7 Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description social media ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 8-31-2020	Payee name Facebook		
Amount (\$) 100.-	Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description social media ads	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

Date 7-24-2020	Payee name Axiom Strategies		
Amount (\$) 2,327.66	Payee address; City; State; Zip Code 800 W. 47th St. #200 Kansas City MO 64112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description mailer	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Corbin VAN ARSDALE	3 Filer ID (Ethics Commission Filers)
4 Date 9-11-2020	5 Payee name Home Depot	
6 Amount (\$) 302.02	7 Payee address; City; State; Zip Code 2700 Whitestone Blvd. Cedar Park TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description stake driven for signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 9-21-2020	Payee name Home Depot		
Amount (\$) 129.03	Payee address; City; State; Zip Code 2700 Whitestone Blvd. Cedar Park TX 78613		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description T-parts for signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 9-22-2020	Payee name Home Depot		
Amount (\$) 35.64	Payee address; City; State; Zip Code 2700 Whitestone Blvd. Cedar Park TX 78613		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description zip ties for signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.5em; font-family: cursive;">3</div>	2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Corbin VAN ARSDALE</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.5em; font-family: cursive;">8-19-2020</div>	5 Payee name <div style="font-size: 1.5em; font-family: cursive;">Super Cheap Signs</div>		
6 Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">2,411.81</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.5em; font-family: cursive;">9200 Waterford Centre #100 Austin TX 78758</div>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; font-family: cursive;">advertising expense</div>		(b) Description <div style="font-size: 1.5em; font-family: cursive;">yard signs</div>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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